

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Ordinal Number

09726395

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	23 minus 20 =	3
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASE FEE	355.00	OR	BASE FEE	710.00
X30-		OR	X3510-	54.~
X40-		OR	X30-	
X135-		OR	X270-	
TOTAL		OR	TOTAL	264.~

* If the difference in column 1 is less than 20, enter "0" in column 2

CLAIMS AS AMENDED - PART II

9/7/04

(Column 1)		(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		PREVIOUS NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	44	23	21
Independent	9	3	6
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X30-		OR	X310-	378
X40-		OR	X270-	516
X135-		OR	X270-	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	894.~

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3-21-05

(Column 1)		(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		PREVIOUS NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	44	44	0
Independent	9	9	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X30-		OR	X310-	
X40-		OR	X270-	
X135-		OR	X270-	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

4/26/05

(Column 1)		(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		PREVIOUS NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	44	44	0
Independent	9	9	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X30-		OR	X310-	
X40-		OR	X270-	
X135-		OR	X270-	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.
- * If the Previous Number Previously Paid For in THIS SPACE is less than 20, enter "20".
- * If the Previous Number Previously Paid For in THIS SPACE is less than 2, enter "2".
- The Previous Number Previously Paid For (Total or Independent) is the highest number listed in the appropriate box in column 1.

Form PTO/SB/08-001
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